



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of

Docket No. 03280057AA

Shinya Kobayashi

Serial No.: 09/805,216

Group Art Unit: No. 2853

Filed: March 14, 2001

Examiner: Nguyen, Lam S.

For: **LINE SCANNING INK JET RECORDING  
DEVICE CAPABLE OF FINELY AND INDIVIDUALLY  
CONTROLLING INK EJECTION FROM EACH NOZZLE**

Box: Non-final amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT UNDER 37 C.F.R. §1.111**

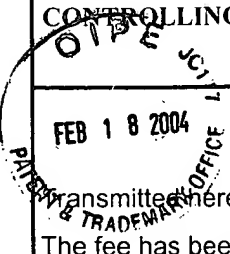

Sir:

In response to the Office Action dated November 19, 2003, please amend the above-identified application as follows:

**Amendments to the Claims:** A complete listing of the claims with an indication of the status of each is presented starting from page 2 of this paper.

**“REMARKS”:** “Remarks “ section begins on page 8 of this paper.

Image

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): Kobayashi et al.			Docket No. 03280057AA		
Serial No. 09/805,216	Filing Date 3-14-01	Examiner Nguyen, Lam S	Group Art Unit 2853		
Invention: LINE SCANNING TYPE INK JET RECORDING DEVICE CAPABLE OF FINELY AND INDIVIDUALLY CONTROLLING INK EJECTION FROM EACH NOZZLE					
<div style="display: flex; justify-content: space-between;"><div></div><div>TO THE COMMISSIONER FOR PATENTS:</div></div> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-2041</b><div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div>					
<div> Signature</div> <div>Olga V. Merkoulouva Reg. No. 48,757 Whitham, Curtis &amp; Christofferson P.C. 11491 Sunset Hills Road Suite 340 Reston, Va. 20190 703-787-9400 Customer # 30743</div>			Dated: 2-18-04		
CC:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		